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Fifth quinquennial review and appraisal of the World Programme of Action concerning Disabled Persons

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 62/127, in which the Assembly requested the Secretary-General to submit an analytical and policy-oriented report on the fifth review and appraisal of the World Programme of Action concerning Disabled Persons for consideration at its sixty-third session. The report was envisaged as a contribution towards reinforcing the disability perspective in reviews of progress and challenges encountered in implementing the Millennium Development Goals, as requested by the Assembly in paragraph 16 (a) of resolution 62/127. The Assembly also requested the Secretary-General to present proposed updates of the World Programme of Action, which are summarized in annex I. Annex II contains selected examples of and guidelines for mainstreaming disability in monitoring and evaluation of the Millennium Development Goals.

A major development since the fourth review and appraisal of the World Programme of Action, considered by the General Assembly at its fifty-eighth session, in 2003, is the rapid adoption and entry into force of the Convention on the Rights of Persons with Disabilities and its Optional Protocol and the emergence of a new international architecture concerning the advancement of persons with disabilities. The present review reports on activities that have been organized since the fourth review and is based on the contributions of 36 Governments,[1] 17 entities of the United Nations system and other data available to the Secretariat.

* A/63/150.

[1] Australia, Austria, Belarus, Canada, Chile, China, Colombia, Costa Rica, Cyprus, Czech Republic, Ecuador, Fiji, Finland, Germany, Japan, Mexico, Morocco, New Zealand, Nigeria, Norway, Philippines, Poland, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Slovenia, Spain, Sri Lanka, Sudan, Switzerland, Thailand, Tunisia and the former Yugoslav Republic of Macedonia.

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I. Introduction

1. More than a quarter of a century has passed since the world community adopted the World Programme of Action concerning Disabled Persons (1982).[2] The commitment to the full and effective participation of persons with disabilities is deeply rooted in the goal of the United Nations: realization of the Charter's vision of a just and peaceful world and improved standards of life in larger freedom. It is a cornerstone for building democratic, participatory and accountable institutions in all societies, and is the fundamental precept for achieving inclusive development. There are a number of international instruments and actions that have helped to support the vision laid out in the World Programme of Action. Other instruments, including the United Nations Millennium Declaration (see General Assembly resolution 55/2) and its Millennium Development Goals, have yet to embrace a disability-inclusive perspective.

2. The priorities in the World Programme of Action were developed into a plan with the adoption of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (resolution 48/96, annex). Major priorities for action, including accessibility, employment and sustainable livelihoods, social services and safety nets, remain fully in line with guidance provided by the General Assembly through the World Programme of Action. In 2003, at its fifty-eighth session, the General Assembly endorsed the findings and recommendations of the fourth five-year review and appraisal of the World Programme of Action (resolution 58/132). The unanimous adoption in 2006 by the General Assembly in its resolution 61/106 of the Convention on the Rights of Persons with Disabilities and its Optional Protocol reflected the consensus of the international community to disability-inclusive development.

3. The present review of implementation of the World Programme of Action takes place at a time when Member States have reiterated their firm commitment to internationally agreed development goals set out in the Millennium Development Goals (A/56/326, annex) and other interrelated development goals. The Goals are a set of specific time-bound targets that address multiple dimensions of poverty, including gender inequality, hunger, disease, inadequate water supplies and lack of education, with a framework and mechanisms for identifying obstacles and measuring progress. Development planning based on the Goals has generated mixed results and gaps remain in policy, delivery and operation in development cooperation.[3]

4. The upcoming periodic review of the Millennium Development Goals provides an opportunity to include the concerns of persons with disabilities in the implementation of the Goals by 2015. While the millennium report[3] directs special attention to gender as a cross-cutting issue and to the situation of the estimated 36 million persons living with HIV/AIDS in 2000,[4] there is no reference to the situation of persons with disabilities, an estimated 650 million persons, a population 15 times larger than that of persons living with HIV/AIDS. (Estimates of the global population of persons with disabilities are based on national data, which are not

[2] A/37/351/Add.1 and Corr.1, annex, sect. VIII, recommendation I (IV).

[3] *Investing in Development: a Practical Plan to Achieve the Millennium Development Goals* (United Nations publication, Sales No. E.05.III.B.4).

[4] Ibid., chap. III, paras. 119 and 120.

internationally comparable at this time.) All of the Millennium Development Goals, including poverty eradication, universal primary education, reducing child mortality, improving maternal health, combating HIV/AIDS, are relevant to the goals of the World Programme of Action, as well as to the Standard Rules and the Convention. There is an urgent need to address the absence of more than 10 per cent of the world's population in the implementation, review and evaluation of the Goals and their targets, evaluation mechanisms and indicators. The lack of a disability perspective is undermining the objective of the Goals, which is to measure human development benchmarks on the way to more inclusive and equitable global development.

II. International disability architecture

5. The synergy and complementarities among the three disability-specific instruments — the World Programme of Action concerning Disabled Persons, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Convention on the Rights of Persons with Disabilities — together with other international norms and standards relating to disability, have been recognized by the General Assembly in its resolution 62/127. ("International norms and standards relating to disability" refers to all normative instruments that are relevant to disability (see http://www.un.org/esa/socdev/enable/comp001.htm).) These three major instruments constitute the core international documents for action concerning disability.

6. All three instruments play a role in supporting the development of a comprehensive and coherent policy framework. This international disability "architecture" constitutes a tool for strengthening legal protection, policymaking and planning for development. At the international level these instruments may be utilized to support disability-inclusive policies and practices. At the national level, they may be used to support harmonization of national legislation, policies and programmes. The World Programme of Action and the Standard Rules focus on planning and strategic implementation, monitoring and evaluation, and adopt a different approach than is the case with the monitoring of an international human rights convention.

7. The Convention adds the strength of human rights practice from the disability perspective to the existing international normative framework. Indeed, the Convention codifies universal human rights norms that are applicable to persons with disabilities in a comprehensive international human rights instrument. Broadly speaking, there are two core aspects to the implementation of the Convention: (a) harmonization of laws relating to disability and adaptation of policies and programmes; and (b) non-legal strategies in innovative use of an international convention for advocacy and social change. Implementation of the Convention calls for the formulation of strategic options for policies, programmes and evaluation measures that promote the full and equal participation of persons with disabilities in society and development.

8. To build coherence and synergy among the three instruments, it is essential for policymakers to develop, in consultation with the disability community and other stakeholders, a strategic implementation plan that identifies key areas of

performance and review of the international policy documents, which would in turn provide a basis for monitoring the relevant provisions in the Convention.

9. This option would create a proactive response to future treaty obligations at the national level and could give a clearer focus to the work of treaty monitoring bodies. Furthermore, dialogue can encourage and manage compliance with treaty obligations and enhance the exchange of information and the development of capacity in promoting the rights of persons with disabilities.

III. International norms and standards concerning advancement of persons with disabilities

A. Issues and trends

10. It is estimated that there are at least 650 million persons with disabilities worldwide, of whom approximately 80 per cent live in developing countries. As a result of discrimination, segregation from society, economic marginalization and lack of participation in social, political and economic decision-making processes, this substantial group has often been left out of development. The absence of persons with disabilities in decision-making processes in the social, political and economic spheres impairs basic, democratic values and deprives society of knowledge, skills and talents that can advance development.

11. The social and economic cost of segregating and excluding persons with disabilities has substantial adverse effects on development processes. This is compounded by the forces of globalization making significant changes in the daily life of individuals with shifts in social, cultural and political systems of support and participation,[5] as well as significant changes in information and communication technologies. It is anticipated that these changes will be further exacerbated by environmental degradation and climate change, which will have a disproportionate impact on the very poor, especially those who both are poor and are persons with disabilities (E/CN.17/2008/2).

12. Women with disabilities, children with disabilities, older persons with disabilities and indigenous persons with disabilities are particularly affected by change or crisis.[6] Whether it is a population in a refugee camp in a conflict zone or displaced persons in a remote geographical area stricken by natural disaster, all persons with disabilities are at increased risk in times of crisis or conflict. Adjustments and reasonable accommodation measures are often required for such access to be granted and to ensure effective inclusion.

13. During the Millennium Summit, in 2000, Governments reaffirmed a collective responsibility to uphold the principles of human dignity, equality and equity at the global level towards all people. The World Summit Outcome of 2005 (resolution

[5] UNCTAD *Trade and Development Report, 2007* (UNCTAD/TDR/2007, Sales No. E.07.II.D.11), A/62/119 and A/62/266.

[6] See *Official Records of the Economic and Social Council, 2008, Supplement No. 27* (E/2008/27); *World Economic and Social Survey 2007* (United Nations publication, Sales No. E.07.II.C.1); and the United Nations Declaration on the Rights of Indigenous Peoples (General Assembly resolution 61/295).

60/1), in particular paragraph 129, recognizes the need for persons with disabilities to be guaranteed full enjoyment of their rights without discrimination.

14. The goal of mainstreaming disability is relevant to virtually all areas of action of the United Nations. The United Nations system has several tools in place for developing coherent system-wide country strategies such as the common country assessment, the United Nations Development Assistance Framework, the results matrix, thematic groups and joint programming. While these tools provide a framework, there are weak links between normative/analytical work and operational activities within and across organizations. In view of the interdependence between disability, vulnerability and discrimination resulting from, inter alia, poverty, age, gender and ethnic origin, it is fundamental that all policy processes should incorporate the disability perspective. The perspectives of persons with disabilities need to be increasingly incorporated into poverty reduction strategy processes and plans (see http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY).

B. Regional decades, action plans and programmes

15. The United Nations Decade of Disabled Persons (1983-1992) has inspired the proclamation of other decades in various regions of the world. Some connections among those decades have been made, such as a symposium organized by the Economic and Social Commission for Asia and the Pacific (ESCAP) in Bangkok in 2005 and a seminar held in Addis Ababa in 2005 on the Arab and African decades. Further efforts to increase the cooperation and cross-fertilization among decades are recommended.

1. African Decade of Disabled Persons (1999-2009)

16. The period 2000-2009 was formally proclaimed the African Decade of Disabled Persons by the Organization of the African Union (OAU). In July 2002, the Executive Council of OAU, endorsed the Plan of Action for the African Decade of Persons with Disabilities. The Plan of Action serves as a guideline for Governments in formulating national programmes, as well as in establishing mechanisms to implement the objectives of the Decade. In 2004, the secretariat of the African Decade of Persons with Disabilities opened offices in Cape Town. The work of the secretariat has started in Ethiopia, Kenya, Mozambique, Rwanda and Senegal and will be broadened to include more than 53 African countries.

2. Asian and Pacific Decade of Disabled Persons (2003-2012)

17. The first Asian and Pacific Decade of Disabled Persons (1993-2002) is credited with achieving considerable results through the Biwako Millennium Framework for Action.

18. The Asia-Pacific Development Center on Disability was established in 2002 through the technical cooperation between the Japan International Cooperation Agency and the Government of Thailand. During the second Asia and Pacific Decade of Disabled Persons (2003-2012), ESCAP endorsed the Center as a regional cooperative base for its Biwako Millennium Framework.

19. The issue of mainstreaming and disability was discussed at an ESCAP meeting in November 2007 on social inclusion, population, gender equality and health promotion, based on an expert policy paper on mainstreaming disability in the Millennium Development Goals. The ESCAP initiative demonstrates the linkages between the normative/analytical and the operational dimension of translating the global norms to regional and national frameworks.

20. Furthermore, ESCAP has provided support to countries through the Pacific Disability Forum and the Pacific Islands Forum Secretariat in 2007 and 2008.

3. Arab Decade of Disabled Persons (2004-2013)

21. At its summit meeting held in Tunis in 2004, the League of Arab States proclaimed 2004-2013 the Arab Decade of Disabled Persons, with the goal of incorporating disability into social and economic development. The plan of action focused on 11 priority areas, including health, education, employment and poverty. In recent years, regional conferences have been held on several priority issues, such as employment and disability, women with disabilities and poverty and disability. Building on the momentum of the Convention negotiation process, the Arab region is now preparing to take the next steps in activating the plans for the Decade.

4. Council of Europe Disability Action Plan (2006-2015)

22. The Council of Europe Disability Action Plan aims to promote the rights and full participation of persons with disabilities in society and to improve their quality of life. The Action Plan represents a paradigm shift from health-related concerns to social and human rights-based approaches to disability.

23. The Action Plan reflects a broad approach to the advancement of persons with disabilities in the European policy framework and contains 15 action lines, including participation in political, public and cultural life, education, information and communications, employment and accessibility to buildings and transportation, with special attention to the needs of women and children with disabilities and persons with severe disabilities.

5. Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016)

24. In June 2006, the General Assembly of the Organization of American States (OAS) adopted the Declaration on the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016) with the theme: "Equality, dignity, and participation". The Programme of Action for the Decade was adopted by the General Assembly of OAS in June 2007.

25. The Technical Secretariat for the Implementation of the Programme of Action for the Decade of the Americas started its work in Panama City in June 2008. In the Programme of Action, Governments committed themselves to adopting administrative, legislative and judicial measures and the necessary public policies. Governments of OAS member States have presented reports on the implementation of the Programme of Action.

C. Statistics and indicators on disability

26. The General Assembly has stressed, most recently in its resolutions 60/131 and 62/127, the importance of improving disability data and statistics, in compliance with national legislation, so that they can be compared both internationally and domestically for purposes of policy design, planning and evaluation from the disability perspective; and has urged Governments to cooperate and to avail themselves of the technical assistance of the Statistics Division of the Department of Economic and Social Affairs of the Secretariat.

27. The Statistics Division has developed the Disability Statistics Database (DISTAT) to keep track of data on disability (http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp) and recently also developed a questionnaire on human functioning and disability statistics (http://unstats.un.org/unsd/demographic/sconcerns/disability/). The questionnaire is designed to elicit data from countries on the number of persons with disabilities as well as their participation in education and in the labour force. The Statistics Division's *Guidelines and Principles for the Development of Disability Statistics*[7] recommends that measurement of disability be done within the conceptual framework of the International Classification of Functioning, Disability and Health developed by the World Health Organization (WHO) (http://www.who.int/classificatons/icf/en/).

28. The International Classification measures the impact of health conditions on an individual's life within society and is considered the internationally accepted framework for measuring disability. WHO and ESCAP have developed the *Training Manual on Disability Statistics*,[8] which gives an overview of the International Classification, as well as guidelines on disability data collection, dissemination and analysis.

29. The Washington Group on Disability Statistics promotes and coordinates international cooperation of health statistics by focusing on disability measures suitable for censuses and national surveys. It developed a short set of questions on disability that address the issue of assessing equalization of opportunity, primarily for use in census formats.

1. Challenges in improving data collection

30. Prevalence rates are difficult to compare across countries because countries use different concepts and methods to identify persons with disabilities (http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp). More work is needed to develop measures for surveys and for collecting other important topics such as participation of persons with disabilities, disability and environment and accessibility. As part of the 2010 World Programme on Population and Housing Censuses a technical subgroup on human functioning and disability will revise the section on disability characteristics in the *Principles and Recommendations for Population and Housing Censuses*.[9]

31. A continuing challenge in collecting and analysing disability data is a lack of trained national personnel and inadequate capacity of institutions. The Statistics

[7] United Nations publication, Sales No. E.01.XVII.15.
[8] United Nations publication, Sales No. E.08.II.F.16.
[9] United Nations publication, Sales No. E.98.XVII.8.

Division of the Secretariat has offered regional training workshops on disability statistics, such as the regional workshop on promoting disability data collection through the 2010 population and housing censuses, organized in Bangkok in April 2008, in collaboration with ESCAP, the Economic Commission for Europe, WHO, the Washington Group on Disability Statistics and other national statistical offices.

2. National and regional initiatives for statistics on disabilities

32. Australia, Austria, China, Costa Rica, Mexico, Morocco, New Zealand, Portugal, Senegal, Thailand and Tunisia are among the countries that have collected data on national prevalence rates. The Philippines, Slovenia and Qatar are planning to collect more data on persons with disabilities and Colombia, Cyprus and Sri Lanka are working to use the International Classification (see para. 27 above).

33. The Economic and Social Commission for Western Asia conducted a study on the implementation of the Arab Decade of Disabled Persons (2004-2013). Arab countries, as many other nations, lack accurate statistics owing to different definitions of disability and the absence of disability in comprehensive population surveys. In addition, the midpoint review of the Asian and Pacific Decade noted the work of the Statistics Division of ESCAP, in collaboration with WHO, to provide training in the use of the International Classification for national statistical offices. However, the majority of Governments in the region have not incorporated the disability perspective into existing censuses or surveys.

34. The United Nations Children's Fund (UNICEF) is exploring collaborating with the World Bank and the Organization for Economic Cooperation and Development in the implementation of the 10-question screening tool on childhood disability in several countries. Furthermore, UNICEF and the University of Wisconsin (United States of America) are analysing disability data from the latest UNICEF Multiple Indicator Cluster Survey. The United Nations Development Programme (UNDP) is working to help Eritrea, Nigeria and the Sudan collect and analyse national data on disability.

IV. Progress and challenges in implementing the World Programme of Action in the context of development

A. Mainstreaming the disability perspective in development

35. The disability perspective on development is based on one of the concepts of the World Programme of Action, which defines equality for persons with disabilities on an equal basis with opportunities available to society as a whole. This view contributes to the empowerment and participation of persons with disabilities as agents and beneficiaries of development rather than as "vulnerable" subjects requiring special care, protection or services. This is an inclusive development approach where their participation, as both contributors and beneficiaries, enhances human rights through development and development through human rights.

36. Major United Nations conferences and summits in the 1990s[10] and their follow-ups identified goals and commitments and formulated strategies to promote improved well-being and standards of living. Treatment of persons with disabilities

[10] *The United Nations Development Agenda: Development for All* (United Nations publication, Sales No. E.07.I.17).

in those documents varies from recommendations on social protection of "vulnerable groups" and social service provisions to empowerment as development agents in the fields of human rights, population and development, social integration policies, advancement of women, shelter and habitat, and development finance.

37. Economic and social exclusion, part of the daily lives of persons with disabilities, is not only a human rights violation but also a major development challenge. According to the World Bank, without the systematic inclusion of persons with disabilities in development plans and programmes it will be impossible to reach the internationally agreed development goals, including the Millennium Development Goals. (Over the past decade, the World Bank has focused on building awareness and impacting operational practices, such as in its lending for construction of schools, public buildings, transportation systems and other infrastructures. Between 2002 and 2006, it is estimated that 4 per cent of the projects in total and 5 per cent of lending volume included disability ($4.9 billion) and 6 per cent of the Bank's economic and sector work.)

38. With a view of ensuring that all development goals, including the Millennium Development Goals, are inclusive of disability, the General Assembly identified key areas for progress: accessibility; social services and safety nets; access to poverty and hunger eradication programmes; inclusive quality education; health care; and employment and decent work (resolution 62/127). Furthermore, new ideas for hybrid human rights/development programmes, based on the rich expertise and experience of human rights and development communities, would contribute to new guidelines for technical cooperation, such as capacity-building. Effective and sustainable development must be participatory and is concerned about democratic structures, including representation of persons with disabilities.

39. A key component in mainstreaming the disability perspective is for the international community to adopt that perspective in all aspects of measures to implement and to monitor and evaluate progress in reaching the Millennium Development Goals (annex II). Neither stigma nor lack of awareness by experts and administrators should keep persons with disabilities from being part of all poverty reduction efforts. Planning and implementation of policies and programmes in health or education, rural development or improved sanitation must anticipate the needs of persons with disabilities, not as a separate group, but as active and full members of any community.

40. Multidimensional policy measures to advance the disability agenda are inextricably linked with development goals. For example, Germany highlighted the need for practical implementation of the rights of persons with disabilities in the context of both human and social development. Spain allocated financial resources for the implementation of several plans of action on health, education, employment, training and communication. The Republic of Korea adopted legislation on mobility of persons with disabilities to enhance access to transportation.

1. Education

41. Education is the key to all development goals and the bridge to the ultimate objective of the World Programme of Action.

42. The Philippines highlighted the challenge of providing education to children with disabilities, 75 per cent of whom live in rural areas and face geographical,

financial and mobility disadvantages. Despite the lack of disaggregated data, the global literacy rate for adults with disabilities is considered to be as low as 3 per cent. In Morocco, according to its recent national survey on disability, only 32 per cent of children with disabilities between the ages of 4 and 15 attend school. In Sri Lanka, new initiatives include additional training for teachers and monitoring of school attendance of children with disabilities. The Sudan has developed a national policy for inclusive education.

43. The 2008 *EFA: Education for all by 2015; Will We Make It?*[11] Global Monitoring Report estimates that children with disabilities constitute 30-40 per cent of the over 72 million children not attending primary school. This constitutes a significant development challenge and one that has a profound impact on the goal of primary education for every child. UNHCR has collaborated with non-governmental organizations to contribute to the development of curricula for inclusive education.

2. Employment and sustainable livelihoods

44. Persons with disabilities have been largely excluded from the labour market. Thailand reported that about 70 per cent of persons with disabilities above the age of 15 were unemployed. Mexico noted the importance of applying the Decent Work Agenda of the International Labour Organization (ILO) to employment policies and programmes. Sri Lanka designated 2007 the Year of Decent Work for Persons with Disabilities and launched a programme to increase employment of persons with disabilities in the private sector.

45. China highlighted the importance of employment as a catalyst for greater participation of persons with disabilities in all aspects of society and development. Thailand is increasing efforts to reduce poverty through social security and sustainable livelihood programmes for persons with disabilities. The Sudan included economic empowerment and support for livelihood in its 2008 National Charter on Disability. Costa Rica emphasized the role of organizations of persons with disabilities in promoting an inclusive labour market through support for human resource training and workplace adjustment. Both Poland and the former Yugoslav Republic of Macedonia promote the employment of persons with disabilities in the public sector. Morocco has a 7 per cent quota for the employment of persons with disabilities in the public administration and intends to create a similar quota in the private sector. Belarus reported on its support of the employment of persons with disabilities through job placement, taking into account proposals made by associations of persons with disabilities.

46. ILO has published a code of practice addressing the management of disability in the workplace (http://www.ilo.org/public/english/employment/skills/disability/policy_c.htm). In some of its country programmes, UNDP has supported the livelihood of persons with disabilities through income-generating initiatives.

3. Women with disabilities

47. Women with disabilities face significantly more difficulties in both public and private spheres, such as barriers to access to adequate housing, health, education, vocational training and employment, and are more likely to be institutionalized (E/CN.4/2005/43, para. 64). Women with disabilities also experience inequality in

[11] UNESCO/Oxford University Press, 2008.

hiring, promotion rates, pay for equal work, access to training, retraining, credit and other productive resources, and they rarely participate in economic decision-making.[12]

48. Promoting gender equality and empowerment of women is essential to the achievement of the Millennium Development Goals. Women and girls with disabilities experience double discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. The global literacy rate is as low as one per cent for women with disabilities, according to a UNDP study (http://www.un.org/disabilities/default.asp?navid=33&pid=18). The World Bank reports that every minute more than 30 women are seriously injured or disabled during labour and that those 15-50 million women generally go unnoticed.[13]

49. Governments are increasing their efforts to address the concerns of women with disabilities. One of Austria's development priorities is to support women and children with disabilities. Costa Rica, Morocco and Portugal have accorded special importance to gender mainstreaming as a leading principle in all aspects of the work of the Untied Nations. Portugal has established accessibility provisions in regulations on shelter houses for women who are victims of violence. The Landmine Action Strategy of Switzerland (2008-2011) includes the gender perspective as its guiding principle. Qatar and the former Yugoslav Republic of Macedonia place emphasis on the needs of women and girls with disabilities in their policymaking and programmes. In the Philippines, the National Commission on the Role of Filipino Women organized the Women with Disabilities Network and Thailand has promoted the participation of women with disabilities in education, employment and other social activities.

50. The Division for the Advancement of Women of the Department of Economic and Social Affairs of the Secretariat reported that the Commission on the Status of the Women referred to disability issues in several of its conclusions and the United Nations inter-agency website WomenWatch published a special feature on women with disabilities. The Strategic Plan (2008-2011) of the United Nations Population Fund (UNFPA) refers to women with disabilities; UNDP India conducted a study on challenges experienced by women with disabilities; and the Joint United Nations Programme on HIV/AIDS participated in a Jamaican prevention programme for deaf women and girls.

51. There are many initiatives at the regional and subregional levels. The Asia and Pacific Disability Forum, at its second General Assembly and Conference, in 2006, adopted the Bangkok Statement on the need for further support for organizations of women with disabilities. The Pacifica Women with Disabilities Network was formed in Fiji in 2003. The Tenth Triennial Conference of Pacific Women of the Secretariat of the Pacific Community promoted partnership with women with disabilities to mainstream their agenda in development processes. Furthermore, the League of Arab States and Arab Organization of Disabled Persons organized a conference in

[12] "*Employment barriers for women with disabilities*", Arthur O'Reilly, *The Right to Decent Work of Persons with Disabilities*, Skills Working Paper No. 14 (Geneva, International Labour Organization, 2003).

[13] http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPRH/0,,contentMDK:20286128~menuPK:632615~pagePK:148956~piPK:216618~theSitePK:376855,00.html.

Cairo in July 2006 to mainstream the issue of women with disabilities across all agendas, in organizations of persons with disabilities, as well as in women's organizations. The European Network of Women with Disabilities, established in May 2007, and the European Disability Forum both adopted declarations on recognizing the rights of girls and women with disabilities.

4. Children with disabilities

52. The third review and appraisal of the World Programme of Action indicated that, without appropriate education and early interventions for the full development of their potential, children with disabilities became dependent adults with disabilities. Neglecting to incorporate this transition from childhood to adulthood into policies and programmes has adverse socio-economic implications on all society and its development. This challenge is closely linked with empowering women and advancing their rights, including their access to education, health care and sustainable livelihoods.

53. General comments adopted by the Committee on the Rights of the Child in 2007 prompted policies and programmes to include references to the situation of children with disabilities. Evolving jurisprudence of treaty bodies strengthens the normative basis for national and international action to promote and protect the rights of children with disabilities. The links between human rights conventions and their jurisprudence and policy measures can be explored in inter-committee dialogue, in collaboration among treaty bodies and in a multidisciplinary forum consisting of Governments, intergovernmental organizations, civil society and academic institutions.

54. A number of United Nations entities, funds and programmes are developing projects that focus on children with disabilities. UNICEF has developed a child-friendly version of the Convention (http://www.unicef.org/publications/index_43893.html); the UNICEF Innocenti Research Centre produced *Promoting the Rights of Children with Disabilities*;[14] and a guidance note was published in 2007 to help UNICEF incorporate children with disabilities into its programming. The United Nations Human Settlements Programme (UN-Habitat) held consultative meetings on children with disabilities living in slums and is co-funding a project on health and education for children with disabilities in the Kibera-Soweto slum. UNDP Kuwait, in collaboration with the Government of Kuwait, managed an education project to raise the standard of primary education and maximize the potential of persons with disabilities. UNFPA supports health policy and national development frameworks through capacity-building, education and positive media to ensure adequate social services in particular for youth with disabilities.

5. Older persons

55. The Madrid International Plan of Action on Ageing, 2002[15] includes a set of recommendations for the promotion of rights of older persons and their fundamental freedoms, including the right to development. Persons with disabilities are included throughout the Madrid Plan of Action in areas such as discrimination, integration

[14] Innocenti Digest No. 13 (New York, UNICEF, 2007).

[15] United Nations publication, Sales No. E.02.IV.4, chap. I, resolution 1, annex II.

into the labour market, adaptive work environments, vocational rehabilitation, rural and urban issues, and health care.

56. Linkages between the Madrid Plan of Action and the Convention on the Rights of Persons with Disabilities could help mainstream ageing into the policy discourse (A/62/131). As the median global age is on the rise, disability will have major policy implications because the prevalence of disabilities tends to be higher among older persons. Furthermore, improved medical care means higher survival rates for individuals who are born with a disability or acquire a disability through illness or accident. This has implications for health, economic well-being and social inclusion, and will require appropriate policy responses.

6. Persons with intellectual and mental disabilities

57. Persons with intellectual and mental disabilities face severe disadvantages in their exercise of autonomy and independence. They are often segregated from the community and live in institutional facilities.

58. Some Governments, including that of Saudi Arabia, are increasing home care services to replace institutional care. Many Governments have not yet made the necessary changes in laws, policies and services to recognize supported decision-making and independent living. In many countries, guardianship and mental health laws are not in line with the recognition of the rights of persons with disabilities to make their own decisions.

59. Persons with intellectual and mental disabilities are disproportionately represented among the poor: an estimated 26 million live on less than one dollar a day. They are at higher risk for HIV infection because of lack of education about HIV/AIDS prevention.[16] There is a lack of adequate legislation, services and resources for this population, as reported in the WHO report, *Atlas: Global Resources for Persons with Intellectual Disabilities 2007*.[17] UNESCO promotes inclusive education for children with intellectual disabilities, yet, across the world, there are more special schools and classes for children with intellectual disabilities than there are inclusive schools.

7. Groups in special circumstances

60. Disability among indigenous peoples has not been given due attention within international, national and regional policy frameworks. Two international instruments, the Declaration on the Rights of Indigenous Peoples (General Assembly resolution 61/295, annex) and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,[18] are important tools for integrating the perspective of indigenous peoples into the human rights and development framework. Recent data collected in Australia suggest that the prevalence rates of severe disabilities are more than twice as high among indigenous peoples as the average rates. Ecuador places an emphasis on the needs of persons with disabilities who are migrant, displaced or of indigenous origin. Mexico noted the importance of considering the rural-urban divide in

[16] See *Hear Our Voices: A Global Report: People with an Intellectual Disability and Their Families Speak Out on Poverty and Exclusion* (London, Inclusion International, 2006).

[17] Geneva, WHO, 2007.

[18] United Nations, *Treaty Series*, vol. 2220, No. 39481.

responding to the needs of persons with disabilities. The issue of persons with non-evident disabilities as well as those who experience severe and persistent medical conditions, including persons living with HIV/AIDS, requires further policy development and appropriate measures for the protection of their rights.

8. Community-based rehabilitation

61. Community-based rehabilitation promotes collaboration among community leaders, persons with disabilities, their families and others to provide equal opportunities for all persons with disabilities. The focus of community-based rehabilitation has evolved from medical rehabilitation towards a more comprehensive multisectoral approach that includes access to health care, education, vocational training, income generation, community participation and inclusion. Access to daily services and participation may be better secured through community-based structures in line with community-based rehabilitation models. Community-based rehabilitation programmes and approaches must be tailored, as communities differ in socio-economic conditions, terrain, cultures and political systems. UN-Habitat found, for example, that current policies based on the community-based rehabilitation approach were ineffective and inappropriate in a slum environment. Further work is needed, therefore, to ascertain both the strengths and the limitations of this approach.

9. Civil society and new constituencies concerned with rights of persons with disabilities and disability-sensitive development

62. The role of organizations of persons with disabilities has been prominent in all aspects of the advancement of persons with disabilities, such as during the negotiation process of the Convention. The Convention itself provides for an essential role of persons with disabilities in the development and implementation of legislation and policies. New constituencies concerned with the advancement of persons with disabilities continue to co-create values, standards and modes of operation for new and innovative forms of collaboration worldwide.

63. Substantial investments in financial and human resources are required to build the capacity of the disability community, from the representative organizations at the global level down to their grass-roots members. Canada, the Czech Republic, Fiji and Norway are among the many countries that highlighted the need and importance of government consultations with civil society organizations.

10. Activities of the Department of Economic and Social Affairs related to the advancement of persons with disabilities

64. The Department of Economic and Social Affairs collaborated with organizations of persons with disabilities in the African Decade International Partnership Meeting, held in Ethiopia in 2005; in the Inclusion International XIV World Congress on Building an Inclusive Future: a Challenge for Globalization (Mexico, 2006); and the European Conference on Disability and Development Cooperation (Belgium, 2006). In addition, the Department contributes to the work of the Global Partnership for Disability and Development, an alliance of organizations of persons with disabilities, Governments, and non-governmental development organizations, as well as intergovernmental organizations. Starting in January 2007, in collaboration with the Wellesley Centers for Women, the Ford

Foundation and the Lawyers Collective in New Delhi, the Department contributed to the establishment of a regional network of Asia cause lawyers and seminal training programmes. Further work is under way to develop regional and interregional networks to build on the links between the experiences and resources in promoting the rights of persons with disabilities, women and children in development.

65. The Department co-organized, with organizations of persons with disabilities, an expert group meeting, held in Madrid in November 2007, on making it work: civil society participation in the implementation of the Convention on the Rights of Persons with Disabilities.

66. The Department also participated in the following conferences: the Seventh World Assembly of Disabled People's International (Republic of Korea, September 2007); an international symposium on framing legal and human rights strategies for change: a case study of disability rights in Asia, organized by the University of Washington School of Law (Seattle, Washington, United States, April 2008); the African Conference on the Convention on the Rights and Dignity of Persons with Disabilities: a Call for Action on Poverty, Discrimination and Lack of Access and Discrimination, organized by Leonard Cheshire Disability under the aegis of the Economic Commission for Africa (Addis Ababa, May 2008); and the Japan Association of Parliamentarians-Japan Disability Forum Conference on the Convention on the Rights of Persons with Disabilities (Tokyo, June 2008).

67. The Department collaborates with academic institutions to engage in multidisciplinary networks to improve baseline studies on core disability topics and to generate applied research to serve as a basis of policymaking. From 2005-2008, it collaborated with the University of California at Berkeley and the University of Southern California (United States), and Ewha Womans University (Seoul) to organize a series of workshops for a future network of practitioners and scholars.

68. Most recently, the Department collaborated with Qatar and civil society organizations to commemorate the first World Autism Awareness Day on 2 April 2008, as established by the General Assembly in its resolution 62/139. In May 2008 it also collaborated on the annual presentation of the Franklin D. Roosevelt International Disability Award and with the International Disability Alliance CRPD Forum in organizing the event to commemorate the entry into force of the Convention on the Rights of Persons with Disabilities, in which the international community reaffirmed its commitment to the advancement of persons with disabilities in a quest for a just and equitable society.

11. United Nations Voluntary Fund on Disability

69. The Department of Economic and Social Affairs provides support for catalytic activities for implementation of the World Programme of Action, as well as of the two other disability-specific instruments, through the United Nations Voluntary Fund on Disability.

70. Recent grants from the Voluntary Fund have supported strengthening the skills of the organizations of persons with disabilities in Georgia and Mongolia. In the United Republic of Tanzania, funds were provided for an awareness-raising campaign. The Fund also supported an international project for developing awareness-raising and advocacy materials on intellectual disabilities. In Liberia, Sierra Leone and the Sudan, the Fund co-funded a project on awareness-raising and

capacity-building of organizations of persons with disabilities, with particular focus on youth.

B. Activities of the Special Rapporteur on disability of the Commission for Social Development

71. The Special Rapporteur on disability of the Commission for Social Development convened numerous regional and national conferences on disability, raising awareness within Governments and bringing them together with civil society, especially organizations of persons with disabilities. Since 2002, the Special Rapporteur has held official meetings and events in various countries, including China, Finland, France, Guinea, India, Jordan, Lebanon, Morocco, Panama, Qatar, the Republic of Korea, South Africa, Sweden, Switzerland, the Syrian Arab Republic, Thailand, Tunisia, the United Arab Emirates, the United Republic of Tanzania, the United States and Yemen (see E/CN.5/2008/3).

72. The Special Rapporteur's activities have focused on monitoring the implementation of the Standard Rules by means of country visits and a global survey on government action on the implementation of the Standard Rules; by conducting awareness-raising and advocacy on national legislation; promoting ratification of the Convention; by increasing interregional cooperation; by supporting the activities of international disability organizations; and by promoting persons with disabilities and their organizations in the work of international development agencies.

73. Most recently, in 2008, the Office of the Special Rapporteur initiated activities related to war and conflict situations and persons with disabilities.

C. Progress within the United Nations system

74. Many entities of the United Nations system have been mainstreaming a disability perspective in their policy frameworks and programming. An inter-agency support group for the Convention was established in December 2007, at the request of the United Nations System Chief Executives Board on Coordination. The Support Group will ensure that the programmes and policies of the United Nations system are inclusive of persons with disabilities and will work to strengthen recognition of and respect for the principles of the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

75. The Inter-Agency Support Group has drawn up a joint statement of commitment and will draft a common strategy and action plan that will constitute the basis for the concerted and coordinated work of the United Nations system related to persons with disabilities and will support States parties as they ratify and implement the Convention. The Support Group will focus on the following six areas: policies, programmes, capacity-building, research and access to knowledge, accessibility and the Committee, to be established in November 2008.

Concluding remarks

76. The new international disability architecture is harnessed by the legal force and instrumental value of human rights and is now set to remove remaining barriers — economic, social, political or attitudinal — for achieving the goal of the

World Programme of Action: full and effective participation of persons with disabilities in all aspects of social and economic development.

77. The international community is at a critical juncture to achieve the Millennium Development Goals by 2015. Implementation, monitoring and evaluation of progress in reaching the Goals and other international development goals must include persons with disabilities at all stages and incorporate the disability perspective as an integral part of the mission to promote equitable global development and democratic governance for all.

V. Findings and recommendations

78. The international disability architecture provides options for policy formulation at the national and regional levels to remove barriers to full participation of persons with disabilities and to achieve sustainable and equitable poverty reduction and better standards of living.

79. While the outcomes of major United Nations conferences and summits in the economic, social and related sectors do address advancement of persons with disabilities in their respective policy recommendations, persons with disabilities are yet to obtain recognition as agents and beneficiaries in furthering the development goals of the Millennium Declaration, in particular in progress on achieving, on a sustainable and equitable basis: (a) reduction of poverty and extreme hunger; (b) access to universal primary education; (c) gender equality; (d) reduction of child mortality and improvements in maternal health; and (e) action on HIV/AIDS, malaria and other serious diseases.

Recommendations

Recommendation 1. Linking the international disability architecture with the Millennium Development Goals processes

80. **The General Assembly may wish to endorse a plan to develop global strategic guidelines for 2010-2015 for advancement of persons with disabilities in development based on the World Programme of Action, the Standard Rules and the Convention on the Rights of Persons with Disabilities. These global guidelines would reflect complementarities and synergy among the three principal documents in the international disability architecture.**

81. **Introduction may be considered of a single, comprehensive biennial review and appraisal of progress and challenges for disability-inclusive development.**

82. **The Assembly may wish to promote strategies for formulating, implementing and evaluating disability-inclusive measures in the internationally agreed development goals, including the Millennium Development Goals, as well as outcomes of and follow-ups to the major United Nations conferences and summits.**

Recommendation 2. Development and evaluation of policies, plans and programmes based on the international disability architecture

83. **Regional and interregional technical exchanges may be organized on lessons learned in promoting and implementing disability action plans and programmes for recommendation 1 above.**

Recommendation 3. Disability-inclusive development cooperation

84. **The General Assembly may wish to consider how to incorporate and mainstream the disability perspective in the implementation of the Millennium Development Goals as a key cross-cutting issue in the design of strategies, policies and plans. All of the Goals are directly linked to persons with disabilities. The inclusion of persons with disabilities in all development activities is a prerequisite to achieving the internationally agreed upon development goals:**

(a) **Special attention should be accorded to groups that experience multiple discrimination, such as women, children, persons living in conditions of poverty and persons with intellectual and mental disabilities;**

(b) **A strategic policy framework should be developed to include the gender perspective in all areas of policies and programmes concerning persons with disabilities;**

(c) **Concerted and coordinated efforts between civil society, Governments and international organizations should be made in all aspects of monitoring and evaluating progress in the implementation of the Millennium Development Goals.**

85. **The Assembly may wish to promote the disability perspective in international cooperation more proactively, given the importance that the three disability-specific instruments accord to international cooperation. This can be done by enhancing existing channels of cooperation and exploring new options whether through development assistance, multilateral, bilateral regional arrangements, South-South cooperation, trilateral cooperation and other forms of technical exchange, to accomplish the goal of mainstreaming disability in development cooperation (for example, the Economic and Social Council Development Cooperation Forum may be used for an exchange of ideas and experience in mainstreaming disability in development cooperation).**

86. **The Assembly may wish to promote mainstreaming of disability within the United Nations development frameworks, such as through its inter-agency groups, the United Nations Development Group and more specifically through the common country assessment and the United Nations Development Assistance Framework:**

(a) **All aspects of policy planning, programmes, strategies and action plans concerning persons with disabilities should include women, girls, boys, older persons, indigenous persons and other further marginalized sub-groups;**

(b) **The Assembly may wish to promote increased sensitivity concerning disability in the reporting and analyses of United Nations bodies. Specific indicators of responsiveness to disability within the United Nations may be developed in the form of general surveys on the inclusion of disability issues in resolutions and reports in all aspects of international policy processes and budgets across the United Nations system.**

Recommendation 4. Capacity-building

87. **The General Assembly may wish to further promote capacity-building of all stakeholders, Governments, organizations of persons with disabilities and other civil society organizations. Effective implementation of the goals and**

objectives of the international disability architecture hinges upon strengthening the capacity of all stakeholders. This includes:

(a) Ensuring the capacity-building of policymakers, disability rights advocates and other stakeholders in both human rights and development dimensions of disability;

(b) Promoting an open dialogue, well-informed consensus and collective action — creating a new community of stakeholders to bring about the changes necessary to ensure the rights of persons with disabilities in development;

(c) Promoting multidisciplinary research and programmes on disability in the global network of academic institutions, research institutes and among individual scholars and practitioners;

(d) Strengthening calls for disability awareness-raising with communication tools to target persons with disabilities living in poverty and in rural areas, and linking such programming to United Nations human rights education efforts.

Recommendation 5. Data and statistics on disability

88. **The General Assembly may wish to encourage national collection of data on persons with disabilities. In the light of the 2010 World Programme on Population and Housing Censuses, this is an opportune time to highlight the importance of gathering appropriate data on disability:**

(a) Data collection on disability statistics should be improved, using appropriate disability questions based on the framework of the International Classification of Functioning, Disability and Health, and following statistical standards;

(b) Further training should be provided to national statistics offices in the effective collection of data on persons with disabilities in population censuses and on the use of census statistical guidelines for disability modules;

(c) Improved and internationally comparable measures should be developed for the collection of data on persons with disabilities in surveys;

(d) More information should be collected on the needs, costs and causes of disability, participation of persons with disabilities, disability and the environment, and accessibility.

Recommendation 6. Accessibility at the United Nations

89. **The General Assembly may wish to coordinate action to increase accessibility in its services, including: (a) physical facilities; (b) information and communications technology; and (c) human resources management, such as recruiting, training and retaining staff members.**

Annex I[a]

Proposed updates of the World Programme of Action concerning Disabled Persons

A. General views

1. Many Governments expressed the view that existing experience in the implementation of the World Programme of Action concerning Disabled Persons and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities should provide an important basis for the implementation of the Convention on the Rights of Persons with Disabilities and its Optional Protocol. In that context, updates to the World Programme of Action should be in alignment with progress in international normative standards, in particular the Convention on the Rights of Persons with Disabilities, the global knowledge base on disability, as well as the international development frameworks, including development cooperation.

2. Several Governments indicated that the World Programme of Action, based on its universal acceptance, is a strategic policy guide and provides all Governments with options for formulating disability policies and programmes. Furthermore, its terminology, paradigms and concepts are useful for developing national and regional strategies.

3. Some Governments expressed the view that updates should provide a context for implementation of the three disability-specific instruments, but did not recommend renegotiation of the text of the World Programme of Action.

B. Recommendations

4. Recommendations received for proposed updates of the World Programme of Action included:

(a) Reviewing and updating terminology, definitions and available statistics of disability;

(b) Reviewing and updating models and approaches in disability;

(c) Reviewing and updating issues concerning prevention and disability based on current development;

(d) Ensuring that gender and child perspectives are incorporated;

(e) Reviewing and updating progress in international development frameworks and international development cooperation at all levels so as to mainstream disability while ensuring that all sectors are inclusive of the disability perspective;

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[a] The present annex was prepared by the Secretariat on the basis of inputs from 12 Governments and data available to it, pursuant to General Assembly resolution 62/127, in which the Assembly had requested proposed updates of the World Programme of Action concerning Disabled Persons, in accordance with paragraph 201 of the World Programme.

(f) Ensuring inclusion of the situation of indigenous persons with disabilities, displaced persons, migrants with disabilities and other disadvantaged groups;

(g) Reviewing and updating references to the private sphere relating to family relations, personal autonomy and domestic violence;

(h) Facilitating dialogue for innovation and technical exchanges among all stakeholders at the international, regional, national and local levels;

(i) Strengthening calls for disability awareness-raising and linking such programming to United Nations human rights education efforts in conjunction with the Convention on the Rights of Persons with Disabilities.

C. Proposed action

5. Proposed action included the following:

(a) Global strategic guidelines for disability-inclusive development in 2010-2015 could be drawn up in 2008-2009 based on inputs from regional consultations, countries and individual experts, as well as existing data available to the United Nations;

(b) Guidelines could be developed for endorsement by the General Assembly for implementation of the World Programme of Action and the Standard Rules, as guided by the legal norms and framework of the Convention;

(c) Guidelines could be developed and updated every five years, based on the text and experience in implementation of the World Programme of Action and the Standard Rules, as well as corresponding provisions of the Convention, including references to updates of the World Programme of Action;

(d) Monitoring and evaluation of the implementation of the World Programme of Action, in conjunction with the Standard Rules, as well as guidance from the monitoring of the implementation of the Convention, within these global strategic guidelines could be reported on by the Secretary-General in a single, comprehensive biennial review and appraisal of progress and challenges concerning advancement of persons with disabilities in the context of development.

Annex II

Selected examples of and guidelines for mainstreaming disability in monitoring and evaluation of the Millennium Development Goals

1. The Millennium Development Goals are a unifying set of objectives for the global community. Bringing together United Nations entities, Governments and civil society around eight key development issues, the Goals foster collaborative action to reduce poverty, improve health and address educational and environmental concerns. The Goals are specifically designed to address the needs of the world's poorest citizens and most marginalized populations.

2. Despite the fact that persons with disabilities make up 10 per cent of the world's population, nowhere in the Millennium Development Goals are individuals with disabilities explicitly cited. The lack of attention to persons with disabilities in the Goals is a striking oversight, in particular in the light of the World Bank's findings that while persons with disabilities make up 10 per cent of the world's population, disability is associated with 20 per cent of global poverty.[a] Although persons with disabilities are not explicitly cited in the Millennium Development Goals, they are implicitly included in each of the eight Goals and the accompanying targets and indicators.

3. A growing body of research shows that persons with disabilities suffer most from extreme poverty, lack of education, social marginalization and unemployment because of social exclusion, discrimination and lack of knowledge about disability issues among decision-makers, who simply do not understand that persons with disabilities need the same opportunities for poverty reduction available to all other members of society.

4. The new international disability architecture, based on the World Programme of Action concerning Disabled Persons, the Standard Rules on Equalization of Opportunities for Persons with Disabilities, and the newly adopted Convention on the Rights of Persons with Disabilities, clearly define disability as an issue both of human rights and of development. Human rights should not remain only as words — they must be used as a tool to make specific improvements in the lives of persons with disabilities, especially those in abject poverty.

5. Many programmes that address Millennium Development Goal issues can be extended to persons with disabilities with little or no modification. In other cases, small changes in planning at the outset of the programme or simple, low-cost adaptations can be incorporated into existing policies in order to ensure that outreach efforts to eradicate poverty reach many more people. In some cases, small subgroups of persons with disabilities may need disability-specific adaptations. The deaf community, for example, will often need sign-language interpretation to take full advantage of services and programmes offered to the general population and the blind will often benefit from materials made available in braille.

6. The following examples and guidelines (see appendix) are designed to identify clear links between the Millennium Development Goals and the new international

[a] A. Elwan, *Poverty and Disability: a Survey of the Literature* (Washington, World Bank, Social Protection Unit, Human Development Network, 1999).

disability architecture, in particular the new Convention on the Rights of Persons with Disabilities, and to help frame the issues and operationalize the goals and principles of the three instruments of the new architecture. The list of disability indicators that amplify the existing goals, targets and indicators listed by the United Nations Millennium Development Goal group (http://www.undp.org/mdg/goallist.shtml) is intended to provide an introduction to the implications of the Millennium Development Goals from the disability perspective.

7. United Nations entities, Governments and civil society do not have to undertake the inclusion of persons with disabilities on their own. A strong and growing disability rights movement has given rise to a number of national and international disabled peoples' organizations run for and by persons with disabilities. These can provide guidance and collaborative assistance to development experts at all levels. Since persons with disabilities account for 10 per cent of the world's population, approximately 10 per cent of those served by policies and programmes related to the Millennium Development Goals should be persons with disabilities. If they are not included, then those who monitor and evaluate such programmes must ask where this missing 10 per cent is and what can be done to ensure that they are reached in future.

8. The new disability architecture clearly indicates that persons with disabilities can no longer be placed at the bottom of a long list of pressing social concerns with the assumption that the needs of persons with disabilities can be addressed after other development problems are solved. Unless the needs of persons with disabilities are met, none of the Millennium Development Goals will be successfully met.

Appendix

Millennium Development Goals: mainstreaming disability

Goal 1. Eradicate extreme poverty and hunger

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 1.A. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1. Proportion of population below $1 per day	1.1. Proportion of population with disabilities below $1 per day
	1.2. Poverty gap ratio	1.2. Poverty gap ratio between persons with disabilities and non-disabled
	1.3. Share of poorest quintile in national consumption	1.3. Proportion of persons with disabilities within the poorest quintile in national consumption
Target 1.B. Achieve full and productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	1.4. Growth rate of GDP per person with disabilities employed
	1.5. Employment-to-population ratio	1.5. Employment-to-population ratio for persons with disabilities
	1.6. Proportion of employed people living below $1 per day	1.6. Proportion of employed persons with disabilities living below $1 per day
	1.7. Proportion of own-account and contributing family workers in total employment	1.7. Proportion of own-account and contributing family workers with disability in total employment
Target 1.C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under five years of age	1.8. Prevalence of underweight children with disability under five years of age
	1.9. Proportion of population below minimum level of dietary energy consumption	1.9. Proportion of population with disabilities below minimum level of dietary energy consumption

Goal 1. Discussion of disability indicators

Target 1.A. While persons with disabilities make up 10 per cent of the world's population they make up 20 per cent of the world's poor.[a] The target for reduction of the world's population of those living in extreme poverty as it applies to persons with disabilities must therefore be twofold: (a) reduction of extreme poverty among persons with disabilities so that poverty rates among those with disabilities are comparable to, rather than double, those of the general population; and (b) reduce all extreme poverty from 10 per cent to 5 per cent for the total population — including persons with disabilities — by 2015 as specified in goal 1.

Target 1.B. Discrimination, lack of education, lack of job training, as well as social stigma that identifies persons with disabilities and their families as objects of charity rather than citizens in need of work, all contribute to strikingly high unemployment rates among those with disabilities — unemployment rates run as high as 80-90 per cent in some countries for persons with all types of disability. The issue for most persons with disabilities is not their inability to work, but the lack of jobs made available to them. When employment is available, persons with disabilities are more likely to be the last hired and first fired if times become hard. They are also far less likely than non-disabled co-workers to receive additional job training or advancement that would allow them to move from entry-level jobs to jobs that offer more security and career advancement. Moreover, in many communities, persons with disabilities are not allowed a say in how the income they bring into the household is spent or allocated.

Few statistics are kept on the poverty rates of persons with disabilities vis-à-vis those who are not disabled in the same community. Such information is important in order to understand both the rates and degree of poverty faced by persons with disabilities. Moreover, little information exists on how persons with disabilities and their families are able to make a living, especially in informal economies. Most data that do exist for persons with disabilities concern employment/unemployment rates or access to social security support systems in industrialized countries. Much more information is needed, especially for those with disabilities who are in the poorest quintile in national consumption.

Target 1.C. Extreme poverty among millions of persons with disabilities limits their ability to provide adequate amounts of food for themselves and their families. Additional issues make the issue of access to food of concern:

(a) In households that may have limited resources but not extreme poverty, children and adults with disabilities are often fed less, receive less nutritious food or are fed only after all other members of the family have eaten. Prejudice, discrimination and the belief that persons with disabilities are not contributing to household economies are all cited as reasons. In some cases, lack of equal access to food exists even in wealthier households where access to food for all other members of the household is not an issue;

(b) There is little monitoring and evaluation and even less research regarding access to food and nutrition among persons with disabilities, both children and adults, especially outside the industrialized countries. While some medical

[a] A. Elwan, *Poverty and Disability: a Survey of the Literature* (Washington, World Bank, Social Protection Unit, Human Development Network, 1999).

conditions may lead to inability to gain or maintain weight, for the vast majority of children with disabilities, the issue is access to food. Far more research and routine monitoring and evaluation of hunger and underweight among children with disabilities is needed in all programmes related to the Millennium Development Goals;

(c) More work is also needed to understand problems faced by persons with disabilities related to both poverty and accessibility that reduce their ability to grow, process, buy and/or prepare nutritious food for themselves and their families. For example, improved accessibility to marketplaces (ramps, accessible public transportation and simple/low-cost redesigning of stoves) may make it easier for a person with a physical disability to buy and prepare food;

(d) In some cases, children and adults with disabilities may face specific clinical problems in getting enough calories. How to improve and enrich their diets within the framework of traditional diets and limited income is an area that needs far more study. Most clinical studies now available deal with nutritional needs of persons with disabilities in sophisticated medical settings. Adaptation of this information to resource poor communities is needed.

Goal 2. Achieve universal primary education

Goals and targets		*Indicators for monitoring progress*	*Disability indicators*
Target 2.	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1. Net enrolment ratio in primary education	2.1. Net enrolment ratio of children with disabilities in primary education
		2.2. Proportion of pupils starting grade 1 who reach the last grade in primary school	2.2. Proportion of pupils with disabilities starting grade 1 who reach the last grade in primary school
		2.3. Literacy rate of 15- to 24-year-olds, women and men	2.3. Literacy rate of 15- to 24-year-olds with disabilities, women and men

Goal 2. Discussion of disability indicators

Until recently, global literacy rates for persons with disabilities may have been as low as 3 per cent; for women with disabilities worldwide, the rates may be as low as 1 per cent.[b] Despite the fact that almost all children with disabilities can learn and many can excel in schools, children with disabilities are less likely to start and continue school than their non-disabled peers.[c] Poor parents often hesitate to buy

[b] E. Helander, *Prejudice and Dignity: an Introduction to Community-based Rehabilitation* (New York, UNDP, 2nd ed., 1999).

[c] *Global Survey on Adolescents with Disability: an Overview of Young People Living with Disabilities, Their Needs and Their Rights* (New York, UNICEF Inter-Divisional Working Group on Young People, Programme Division, 1999).

uniforms and books for children with disabilities, giving preference to non-disabled siblings. Parents and families often prefer to keep children with disabilities at home, where they perform menial tasks to contribute to a family's income even when non-disabled siblings are sent to school. Programmes that provide information and incentives for parents to send their children with disabilities to school are needed and monitoring and evaluation of such programmes is crucial.

Many children with disabilities can flourish in community schools, either as part of the general classroom population, as Miles' study in Pakistan shows,[d] or when supported by a community-based special education system, as recent work in Uganda indicates (siteresources.worldbank.org/DISABILITY/Resources/280658-1172610312075/EducationPovJonsson.pdf). Despite the fact that the new Convention gives priority to inclusion of children with disabilities in local schools, in many countries children with all but minor disabilities have been routinely denied access to local schools, with teachers believing that they will be a distraction for non-disabled children, unsure about how to instruct them or thinking that non-disabled children are a higher priority when spaces are limited.

Where special schools or institutions are available, they often have limited capacity and are only able to take several hundred children in countries where thousands or hundreds of thousands of children with disabilities are in need. Furthermore, such specialized schools are often urban-based, making them inaccessible to most children from rural areas. Even where specialized schools are available, specialized education separates children from non-disabled siblings, friends and neighbours, further isolating them from the many social and civic bonds of their community.

The majority of adolescents with disabilities in most developing countries have either never been to school or drop out of school at rates far higher than their non-disabled peers. Such children need to be encouraged to stay in school. Moreover, where training and internship programmes are available for young people making the transition from school to the workplace, young persons with disabilities must be included at rates proportional to their presence in society.

Goal 3. Promote gender equality and empower women

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 3. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1. Ratio of girls to boys in primary, secondary and tertiary education	3.1. Ratio of girls with disabilities to boys with disabilities in primary, secondary and tertiary education; ratio of girls with disabilities to boys without disabilities in primary, secondary and tertiary education

[d] M. Miles, *Children with Disability in Ordinary Schools: an Action Study of Non-Designed Educational Integration in Pakistan* (Peshawar, Pakistan, National Council of Social Welfare, 1986).

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
	3.2. Share of women in wage employment in the non-agricultural sector	3.2. Share of women with disabilities in wage employment in the non-agricultural sector
	3.3. Proportion of seats held by women in the national parliament	3.3. Proportion of seats held by women with disabilities in the national parliament, both in comparison to all members of parliament and to all men with disabilities in the national parliament

Goal 3. Discussion of disability indicators

Target 3.1. Women with disabilities face significant discrimination in comparison not only to non-disabled persons but often to men with disabilities as well. Girls and young women with disabilities are less likely to receive an education compared with boys and young men with comparable types of disability, as well as compared with non-disabled boys and young men. The gender gap in education for persons with disabilities must be addressed as an important component of universal primary education and all policies and programmes that concern the retention of girls in schools should ensure that girls with disabilities (10 per cent of all females) are included in all outreach efforts. Where medical or rehabilitative support, educational services, job training, employment opportunities or inclusion in civil society or government are offered for persons with disabilities, men with disabilities are often given priority.

Target 3.2. Empowerment of women with disabilities in society and within the home is a major concern. The disparity for women with disabilities in primary and secondary education is a precursor to ongoing disadvantages; it creates a negative feedback loop that increases the risk of poverty and social isolation into adulthood. In the Convention, women with disabilities are afforded opportunities equal to those of men. Development projects, microcredit initiatives, job training and professional internships related to the Millennium Development Goals must include women with disabilities.

Monitoring and evaluation of programmes that include education, economic betterment and equal rights of persons with disabilities must ensure not only that programmes include persons with disabilities in proportion to their numbers in society, but also ensure that women with disabilities represent half of all those with disabilities who take advantage of such programmes.

Target 3.3. A growing number of persons with disabilities hold elective office. In South Africa and Uganda, for example, women with disabilities already are members of the national legislative bodies. While this progress is encouraging, participation in national parliamentary bodies is usually preceded by years of activity in elective offices and work with ministries at the local and regional levels.

In order to ensure inclusion of women with disabilities in national parliaments, women with disabilities must begin by taking leadership roles at the community and regional levels.

Consultation with organizations that represent persons with disabilities should include consultation with female leaders with disabilities. Too often, when the disability community is consulted by governmental or non-governmental organization leadership, male disability leaders are invited into the process either to the exclusion of women disability leaders or, if women are included, they represent only traditional female realms of concern (family, education or children with disabilities). Women leaders with disabilities should be included in all discussions and initiatives related to the Millennium Development Goals.

Goal 4. Reduce child mortality

Goals and targets		*Indicators for monitoring progress*	*Disability indicators*
Target 4.	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1. Under-five mortality rate	4.1. Under-five mortality rate for all children with disabilities
		4.2. Infant mortality rate	4.2. Infant mortality rate for all infants born with disabilities
		4.3. Proportion of one-year-old children immunized against measles	4.3. Proportion of one-year-old children with disabilities immunized against measles

Goal 4. Discussion of disability indicators

While certain disability conditions can lead to increased mortality, infants and children with disabilities are often at increased risk from lack of access to general health care.

Targets 4.1 and 4.2. Infanticide, the deliberate killing of newborns with disabilities or the withholding of food, water or needed medical care, is still widely practised. Deliberate withholding of medical care and food is also reported for children who have acquired a disability. Improved education of parents, clinicians and members of civil society will increase a child's chances of survival, should he or she be born with a disability.

Neglect and delay in providing needed health care may contribute to mortality rates for infants and children with disabilities far more than infanticide. In many communities, should a child with a disability become sick, families hesitate to invest limited resources on medicines, health care or adequate food. Additionally, the provision of health care to infants and children with disabilities is often gender-dependent. For example, a study in Nepal found that the long-term survival rate for children who had acquired a disability from polio was twice as high for boys than for girls.[b] As polio affects males and females in equal numbers, the only explanation

for the significantly better survival rate for males is the better care they received in the years following their illness.

Target 4.3. Not uncommonly, health care for children with disabilities, when available, concentrates solely on rehabilitation or clinical care for disability-related symptoms. However, children with disabilities are children first and foremost, and are therefore at risk for all childhood illnesses and accidents. Regular check-ups and inclusion in all immunization programmes are as important for children with disabilities as for other children. Several small-scale studies show that some communities have effectively included children with disabilities in general outreach efforts, but studies from both developed and developing countries frequently indicate that, even in highly developed countries, children with disabilities often do not receive standard immunizations and basic "well-child" care.[e]

Currently the immunization rates for children with disabilities are largely unmonitored. It is imperative that all children with disabilities be immunized at the same rates as all other children in the community.

Goal 5. Improve maternal health

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 5.A. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	5.1. Maternal mortality rate	5.1. Maternal mortality rate for women with disabilities
	5.2. Proportion of births attended by skilled health personnel	5.2. Proportion of births among women with disabilities attended by skilled health personnel
Target 5.B. Achieve, by 2015, universal access to reproductive health	5.3. Contraceptive prevalence rate	5.3. Contraceptive prevalence rate among women with disabilities
	5.4. Adolescent birth rate	5.4. Adolescent birth rate among young women with disabilities
	5.5. Antenatal care coverage (at least one visit and at least four visits)	5.5. Antenatal care coverage (at least one visit and at least four visits) for all women with disabilities who are pregnant
	5.6. Unmet need for family planning	5.6. Unmet need for family planning among women with disabilities

[e] N. E. Groce, P. Ayorla and L. C. Kaplan, "Immunization rates among disabled children in Ecuador: unanticipated findings", *Journal of Pediatrics*, vol. 151, No. 2, pp. 218-220.

Goal 5. Discussion of disability indicators

As with many other aspects of living with a disability, only recently have researchers begun to study issues of maternity and family planning among women with disabilities. Viable statistics on rates of pregnancy and maternal mortality for women with disabilities do not exist.

Studies indicate that while discrimination and prejudice mean that women with disabilities are currently less likely to marry, millions around the world do marry and the vast majority of women with disability worldwide will have children.

Women with disabilities face particular challenges in accessing maternal health care. Girls and adolescents with disabilities are often assumed to be perpetual children and do not receive, either at home, among peers or in school, reproductive health education that will allow them to prepare for or appropriately respond to their own needs and situations.[f] Girls and women with disabilities are often at significantly increased risk of sexual abuse and rape by people they know and by strangers; and women with disabilities are often at increased risk of domestic violence. Too often, women with disabilities are teased, humiliated or otherwise harassed by peers and even by health-care workers should they decide to become pregnant, decreasing the likelihood that they will receive timely antenatal care.[g] Women with disabilities are also more likely than other women to be profoundly poor, further limiting the likelihood that they will seek care at clinics or from skilled birth attendants.

Target 5.A. Facilities must be made accessible to women with disabilities: ramps, sign-language interpretation, clear and simple explanations of what will happen for women with intellectual disabilities and other requirements must all be in place. Clinicians and staff must be trained to ensure that women with disabilities are treated with respect. Accessibility should include transportation systems such as bicycle ambulances and accessible examining tables that can and should be adapted for women with mobility impairments.

Where clinics are not accessible, such as when no accessible transportation for persons with disabilities is available, skilled birth attendants must anticipate need and attend to them at home.

Target 5.B. As noted above, knowledge about reproductive health is often limited or inaccessible to girls and women with disabilities. In order to ensure that target 5.B is reached for adolescent girls and women with disabilities, it is imperative that outreach be carried out to ensure that basic knowledge of reproductive health is available to these adolescents and women.

For target 5.B to be reached, it is further necessary for clinics and outreach programmes to be disability-accessible so as to ensure that pregnant women with disabilities come for antenatal care and infant follow-up care.

Planning for universal access to reproductive health services for women with disability (and men with disability as well) must include ensuring accessibility to places where such services and resources are available and ensuring that information about reproductive health is available in multiple formats.

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[f] J. Maxwell, J. Belses and D. David, *A Health Handbook for Women with Disabilities* (Berkeley, CA, United States, Hesperian Foundation, 2007).

[g] D. Sobsey, *Violence and Abuse in the Lives of People with Disabilities* (Baltimore, MD, United States, Paul H. Brookes, 1994).

Family planning for women with disabilities (and their partners — whether able-bodied or disabled) must be made available. As is the case with the inclusion of persons with disabilities for all Millennium Development Goals, general reproductive health programmes can be made far more accessible through universal design and through disability-specific adaptations such as sign-language interpretation, the availability of information in braille, on cassette tapes or in formats that are in easily readable or in pictures for those with intellectual disabilities.

Finally, women with disabilities face additional concerns that must be anticipated in Millennium Development Goal programming:

(a) Contrary to the goals and principles of all the human rights conventions, women with disabilities — and girls as young as 7 and 8 — are often sterilized against their knowledge or will;

(b) In some communities, women (and men) with disabilities who have children face the prospect of having their children taken from them because the parents have a disability. As the new Convention clearly articulates, parents with disabilities have the right to raise their own children;

(c) Finally, women with disabilities are at increased risk of becoming victims of domestic violence — especially in societies where women with disabilities are told by family and society that they are fortunate to get any partner and that they should put up with abuse. Too often, the police and courts also turn away women with disabilities who appeal for help. The Convention addresses the issue of legal protection from violence; however, for the foreseeable future such violence is a major consideration in maternal health and well-being of women with disabilities.

Goal 6. Combat HIV/AIDS, malaria and other diseases

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 6.A. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1. HIV prevalence among pregnant women aged 15 to 24	6.1. HIV prevalence among pregnant women with disabilities aged 15 to 24
	6.2. Contraceptive use at last high-risk behaviour	6.2. Contraceptive use at last high-risk behaviour among women and men with disabilities
	6.3. Percentage of population aged 15 to 24 with comprehensive correct knowledge of HIV/AIDS	6.3. Percentage of population with disabilities aged 15 to 24 with comprehensive correct knowledge of HIV/AIDS
	6.4. Ratio of school attendance of orphans to school attendance on non-orphans aged 10 to 14	6.4. Ratio of school attendance of orphans with disabilities to school attendance compared both with non-disabled orphans and non-orphans aged 10-14

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 6.B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs	6.5. Proportion of population with disabilities with advanced HIV infection with access to antiretroviral drugs
Target 6.C. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6. Incidence and death rates associated with malaria	6.6. Incidence and death rates associated with malaria among individuals with disabilities compared with the non-disabled population
	6.7. Proportion of children under five sleeping under insecticide-treated bednets	6.7. Proportion of children with disabilities under five sleeping under insecticide-treated bednets compared with non-disabled children
	6.8. Proportion of children under five with fever who are treated with appropriate anti-malarial drugs	6.8. Proportion of children with disabilities under five with fever who are treated with appropriate anti-malarial drugs
	6.9. Incidence, prevalence and death rates associated with tuberculosis	6.9. Incidence, prevalence and death rates associated with tuberculosis among individuals with disabilities compared with the non-disabled population
	6.10. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	6.10 Proportion of tuberculosis cases among persons with disabilities detected and cured under directly observed treatment short course

Goal 6. Discussion of disability indicators

Individuals with disabilities are at risk for all diseases that affect the general population. Indeed, many of the risk factors that compound and increase the impact of infectious diseases such as HIV/AIDS, malaria and tuberculosis are also risk factors that are commonly found at increased rates among persons with disabilities: poverty, lack of education (both general and health education), poor housing, poor working conditions and lack of access to good food, clean water and basic sanitation. For all these reasons, persons with disabilities are at equal or increased risk for all infectious diseases and have a significantly decreased likelihood of accessing prevention or care. Where intervention such as AIDS antiretrovirals or directly observed treatment short course for tuberculosis is available, persons with disabilities are often put low or last on the priority list to receive such medications, a violation of their human rights. Programmes related to the Millennium

Development Goals need to monitor and evaluate how successfully the incidence of these diseases is being addressed for persons with disabilities.

Target 6.A. Persons with disabilities are as likely as all other members of society to be sexually active and are at least at equal risk for drug and alcohol dependency. They are at significantly increased risk of sexual abuse. They are also far less likely to have access to comprehensive and correct information about HIV/AIDS. For example, radio campaigns do not reach the deaf and people with vision impairments cannot read magazine or newspaper articles about AIDS.[h]

Finally, AIDS orphans with disabilities are at particular risk compared with AIDS orphans without disabilities and non-orphans. Where family members struggle to meet the needs of a houseful of orphaned children or in child-headed households, a child with a disability who requires additional help in dressing, eating, toilet use or other aspects of daily life will be at increased risk and will be far less likely to attend school.

Target 6.B. Persons with disabilities who become HIV-positive tend to be diagnosed later and tend to receive less clinical follow-up where clinical care is inaccessible (because of lack of ramps or sidewalks to reach the clinic or lack of sign-language interpreters). Persons with disabilities are also often considered low priority when antiretrovirals are distributed.[h]

Target 6.C. As is the case with persons living with HIV/AIDS, persons with disabilities are at risk of malaria and tuberculosis, but are often considered lower priority when the supply of bednets or medications is limited. Lack of education and lack of access to information in accessible formats also make it difficult for many persons with disabilities to understand and comply with complicated treatment regimes.

Goal 7. Ensure environmental sustainability

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 7.A. Integrate the principals of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1. Proportion of land area covered by forest 7.2. Carbon dioxide emissions, total, per capita and per $1 GDP 7.3. Consumption of ozone-depleting substances 7.4. Proportion of fish stocks within safe biological limits 7.5. Proportion of total water resources used	7.1.-7.7 Deteriorating environments can have a significant — and disproportionate — impact on persons with disabilities

[h] N. Groce, *HIV/AIDS & Disability: Capturing Hidden Voices; The World Bank/Yale University Global Survey on HIV/AIDS and Disability* (Washington, D.C., World Bank, 2004).

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
Target 7.B. Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss	7.6. Proportion of terrestrial and marine areas protected	
	7.7. Proportion of species threatened with extinction	
Target 7.C. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8. Proportion of population using an improved drinking water source	7.8. Proportion of population with disabilities using an improved drinking water source should be proportionate to improved drinking water available to the general population
	7.9. Proportion of population using an improved sanitation system	7.9. Proportion of population with disabilities using an improved sanitation system should be proportionate to improved sanitation systems available to the general population
Target 7.D. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum-dwellers	7.10. Proportion of urban population living in slums	7.10. Decrease in proportion of urban population living in slums halved should include proportionate improvements in the lives of persons with disabilities and their families currently living in slums

Goal 7. Discussion of disability indicators

Target 7.A and 7.B. Deteriorating environments can have significant and disproportionate impact on persons with disabilities. For this reason, all goals and targets intended to maintain or improve environmental resources have particular relevance to persons with disabilities and all assessments of improved policies and programmes should include persons with disabilities when monitoring and evaluating changes in environmental resources.

Target 7.C. The population with disabilities using an improved drinking water source should be proportionate to that of the general population. Improved drinking water sources and other necessary facilities should be reachable; toilet stalls that can be accessed by a wheelchair user and paths to water pumps that can be used by those who are blind or have a mobility impairment or other impairments are needed for persons with disabilities.

Target 7.D. Not only must the proportion of the urban population living in slums include persons with disabilities and their families at rates proportionate to the rest of the population, but as slum communities are improved, particular attention should be given to designing/improving communities to ensure that they are accessible to all (universal design). This should include not only accessible housing, but accessible transportation, schools, public buildings, public spaces and businesses, as well as accessible sanitation and water sources, and recreational

systems must be designed and built with appropriate adaptations (ramps, toilets and sinks as well as other facilities).

Goal 8. Develop a goal partnership for development

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
	Official development assistance	
Target 8.A. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty-reduction — both nationally and internationally)	8.1. Net ODA total and to the least developed countries, as a percentage of Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) donors' gross national income 8.2. Proportion of bilateral, sector-allocable ODA of OECD/DAC donors for basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3. Proportion of bilateral ODA of OECD/DAC donors that is untied 8.4. ODA received in landlocked countries as a proportion of their gross national incomes 8.5. ODA received in small island developing States as a proportion of their gross national incomes	8.1.-8.12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty-reduction — both nationally and internationally) and ensure that persons with disabilities are routinely considered in each and all development goals and objectives
	Market access	
Target 8.B. Address the special needs of the least developed countries (includes tariff- and quota-free access for exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	8.6. Proportion of total developed country imports (by value and excluding arms) from developing countries and from least developed countries admitted free of duty 8.7. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries	

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
	8.8. Agriculture support estimated for OECD countries as a percentage of their gross domestic product	
Target 8.C. Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	8.9. Proportion of ODA provided to help build trade capacity	
Target 8.D. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.10. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)	
	8.11. Debt relief committed under the HIPC Initiative and the Multilateral Debt Relief Initiative	
	8.12. Debt service as a percentage of exports of goods and services	
Target 8.E. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13. Proportion of population with access to affordable essential drugs on a sustainable basis	8.13. Proportion of persons with disabilities within the population with access to affordable essential drugs on a sustainable basis
Target 8.F. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14. Telephone lines per 100 population	8.14. Telephone lines per 100 population must include persons with disabilities in proportion to their presence in the general population; telephones must also be made accessible to persons with disabilities

Goals and targets	*Indicators for monitoring progress*	*Disability indicators*
	8.15. Mobile telephone subscribers per 100 population	8.15. Mobile telephone subscribers per 100 population, including persons with disabilities in proportion to their presence in the general population
	8.16. Internet users per 100 population	8.16. Internet users per 100 population, including persons with disabilities in proportion to their presence in the general population

Goal 8. Discussion of disability indicators

Target 8.A-8.D. In developing an open, rule-based, predictable, non-discriminatory trading and financial system, persons with disabilities must be routinely considered in each and all development goals and objectives. This is now done for other historically disadvantaged groups such as women and indigenous persons. In the same manner, prior planning, monitoring and evaluating of the impact of development on persons with disabilities must be a routine practice under goal 8. Organizations of persons with disabilities must be consulted as changes are planned and implemented. As the development process calls for experts, administrators and evaluators, persons with disabilities should be educated, trained and hired in implementing and decision-making capacities.

Target 8.E. Persons with disabilities should have equal access to all essential drugs. This should include, for those who need them, drugs to address both disability-related and general health concerns.

Target 8.F. Accessible information technologies and design are needed to ensure the full and effective participation of persons with disabilities on an equal basis with all others. Education, affordability and support are needed to ensure that persons with disabilities can access those technologies, both to enrich their own lives and to enable them to enter the modern job market more easily.